



Agency Interest No. \_\_\_\_\_

**Louisiana Department of Environmental Quality**  
**Financial Services Division**  
**Post Office Box 4303**  
**Baton Rouge, Louisiana 70821-4303**  
**Phone: (225) 219-3863**

**WASTE TIRE TRANSPORTER NOTIFICATION FORM**

**DEQ Facility No:** \_\_\_\_\_  
(To be assigned by Department)

**Authorization Certificate No: T-**\_\_\_\_\_  
(To be assigned by Department)

**I. Applicant Information** (Print Legibly or Type)

<b>Business/Property Owner/Contact:</b>	<b>Contact person:</b>	
<b>Business/Organization:</b>	<b>Physical Location/Street Address:</b>	
<b>Mailing Address:</b>	<b>City, State:</b>	
<b>City, State, Zip:</b>	<b>Zip:</b>	<b>Parish:</b>
<b>Parish</b>	<b>Business Phone No. with area code:</b>	

**II. Tax ID No.**

<b>Federal Tax ID No:</b>	<b>State Tax ID No:</b>
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**III. Fees Waste Tire Transporter: \$100 per year** (July 1-June 30)**VEHICLE: \$25 PER VEHICLE** (July 1-June 30)

**\*Submit all fees by check or money order, made payable to the LDEQ, and mail to the above address. Attach current proof of liability insurance for each vehicle that will be utilized for the transporting of waste tires.**

**IV. Vehicle Information:** On a separate page, list additional vehicles and information transporting waste tires.

<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>License Plate Number</b>	<b>Registered Owner</b>

**V. CERTIFICATION**

I have personally examined and am familiar with the information submitted in this document and LAC 33:VII.Chapter 105, and hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Revised: 5/16/06